

QUESTIONNAIRE FOR  
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only      Codes      Case Number

**Agency Use Only (Complete Items A through P using Instructions provided by the Investigating agency):**

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
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G Geographic Location	H Position Code	I Position Title						
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J SON	K Location of Official Personnel Folder	None NPNC At SON	Other Address						
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L SOI	M Location of Security Folder	None At Sol NPI	Other Address						
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N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
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P Requesting Official	Name and Title	Signature	Telephone Number	Date				
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**Persons completing this form should begin with the questions below.**

1 FULL • If you have only initials in your name, use them and state (IO). NAME • If you have no middle name, enter "NMN."	• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	DATE OF BIRTH
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Last Name Rubin	First Name Vera	Middle Name Cooper	Jr., II, etc. 7	Month 23	Day 28	Year
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3 PLACE OF BIRTH • Use the two letter code for the State. City Philadelphia	County PA	State Country (if not in the United States) PA	4 SOCIAL SECURITY NUMBER 577-34-3071
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5 OTHER NAMES USED

Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.

Name #1 Vera Florence Cooper	Month/Year 7/28 To 6/48	Month/Year #3	Month/Year To
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Name #2	Month/Year To	Month/Year #4	Month/Year To
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6 OTHER IDENTIFYING INFORMATION	Height (feet and inches) 5'3"	Weight (pounds) 130	Hair Color Grey	Eye Color Brown	Sex (mark one box) <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
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7 TELEPHONE NUMBERS	Work (include Area Code and extension) (X) Day (202) 686-4370 x4395	Home (include Area Code) (X) Day (202) 966-3060
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8 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. — Answer Items b and d	4 Your Mother's Maiden Name Applebaum
	<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. — Answer Items b, c, and d	
	<input type="checkbox"/> I am not a U.S. citizen. — Answer Items b and e	

9 UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
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Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
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State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
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U.S. Passport This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year Issued
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10 DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
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11 ALIEN If you are an alien, provide the following information:	Place You Entered the United States: City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
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### WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	9/57 To Present	3308 McKinley Street, N.W.		Washington	WF	DC 20015
Name of Person Who Knows You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					b6
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						b7C
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code
						Telephone Number

### 10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
  - 1 - High School
  - 2 - College/University/Military College
  - 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded		
#1	2/52	To 6/54	2	Georgetown University	WF	Ph.D.	6/54
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
							( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded		
#2	9/48	To 2/51	2	Cornell University	M.A.	around 2/51	
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
							( )
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded		
#3	9/45	To 5/48	2	Vassar College	B.A.	5/48	
Street Address and City (Country) of School						State	ZIP Code
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
							( )

Enter your Social Security Number before going to the next page

→ 577-34-3071

**1. YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations	5 - State Government (Non-Federal employment)	7 - Unemployment (Include name of person who can verify)	9 - Other
2 - National Guard/Reserve	6 - Self-employment (Include business name and/or name of person who can verify)	8 - Federal Contractor (List Contractor, not Federal agency)	
3 - U.S.P.H.S. Commissioned Corps			
4 - Other Federal employment			

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#1	4/1/65 To Present	9	Carnegie Institution of Washington		Staff Member		
Employer's/Verifier's Street Address			City (Country)		State	ZIP Code	Telephone Number
5241 Broad Branch Road, N.W.			Washington		D.C.	20015	(202) 686-4370
Street Address of Job Location (if different than Employer's Address)			City (Country)		State	ZIP Code	Telephone Number
(same)							( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)		State	ZIP Code	Telephone Number
(same)			WF				
Month/Year		Month/Year	Position Title		Supervisor	WF: WFO, USSS	
To						b6	
Month/Year		Month/Year	Position Title		Supervisor	b7c	
To						Review Personnel File	
Month/Year		Month/Year	Position Title		Supervisor		
To							
Employer's/Verifier's Street Address			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Street Address of Job Location (if different than Employer's Address)			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Month/Year		Month/Year	Position Title		Supervisor		
To							
Month/Year		Month/Year	Position Title		Supervisor		
To							
Month/Year		Month/Year	Position Title		Supervisor		
To							
Employer's/Verifier's Street Address			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Street Address of Job Location (if different than Employer's Address)			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)		State	ZIP Code	Telephone Number
( )							( )
Month/Year		Month/Year	Position Title		Supervisor		
To							
Month/Year		Month/Year	Position Title		Supervisor		
To							
Month/Year		Month/Year	Position Title		Supervisor		
To							

Enter your Social Security Number before going to the next page

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year    Month/Year    Code    Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
#4                      To						
Employer's/Verifier's Street Address				City (Country)		State    ZIP Code    Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)		State    ZIP Code    Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State    ZIP Code    Telephone Number ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</b>	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
Month/Year    Month/Year    Code    Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
#5                      To						
Employer's/Verifier's Street Address				City (Country)		State    ZIP Code    Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)		State    ZIP Code    Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State    ZIP Code    Telephone Number ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</b>	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
Month/Year    Month/Year    Code    Employer/Verifier Name/Military Duty Location				Your Position Title/Military Rank		
#6                      To						
Employer's/Verifier's Street Address				City (Country)		State    ZIP Code    Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)				City (Country)		State    ZIP Code    Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State    ZIP Code    Telephone Number ( )
<b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</b>	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

**12. PEOPLE WHO KNOW YOU WELL**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	WF	Dates Known	Telephone Number
#1		Month/Year    9/38    To    Present	(X) Day    (X) Night
Home or Work Address		City (Country)	State    ZIP Code
Name		Dates Known	Telephone Number
#2		Month/Year    4/78    To    Present	(X) Day    (X) Night
Home or Work Address		City (Country)	State    ZIP Code
Name		Dates Known	Telephone Number
#3	Dr. George Wetherill	Month/Year    4/75    To    Present	(X) Day    (X) Night (202) 686-4370 x4375
Home or Work Address	5241 Broad Branch Road, N.W.	City (Country)	State    ZIP Code
Enter your Social Security Number before going to the next page		577-34-3071	

b6

b7C

## YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

1 - Never married  
 2 - Married

3 - Separated  
 4 - Legally Separated

5 - Divorced  
 6 - Widowed

**a** Current Spouse Complete the following about your current spouse only.

YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

1 - Mother (*first*)      5 - Foster parent      9 - Sister      13 - Half-sister      17 - Other Relative\*  
2 - Father (*second*)      6 - Child (*adopted also*)      10 - Stepbrother      14 - Father-in-law      18 - Associate\*  
3 - Stepmother      7 - Stepchild      11 - Stepsister      15 - Mother-in-law  
4 - Stepfather      8 - Brother      12 - Half-brother      16 - Guardian      19 - Adult Currently Living With You

\* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Enter your Social Security Number before going to the next page

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**15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES**

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).
3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

Association #1	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	
Association #2 Father	Name		Date of Birth (Month/Day/Year)
Certificate/Registration # 256028	Document Code 1	Additional Information See attached sheet (5/16/1912 Supreme Court) Johnstown, N.Y.	
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**16 YOUR MILITARY HISTORY**

- a Have you served in the United States military?
- b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code. Use one of the codes listed below to identify your branch of service:
 

1 - Air Force	2 - Army	3 - Navy	4 - Marine Corps	5 - Coast Guard	6 - Merchant Marine	7 - National Guard
---------------	----------	----------	------------------	-----------------	---------------------	--------------------
- O/E. Mark "O" block for Officer or "E" block for Enlisted.
- Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

**17 YOUR FOREIGN ACTIVITIES**

- a Do you have any foreign property, business connections, or financial interests?
- b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)
- d In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

**18 FOREIGN COUNTRIES YOU HAVE VISITED**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1 To				#3 To			
#2 To			See attached sheet	#4 To			

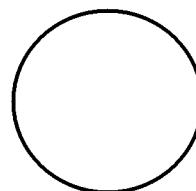
This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

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18.

7/31/95 - 8/12/95  
4/24/95 - 5/31/95  
  
9/3/94 - 9/11/94  
  
5/6/93 - 5/20/93  
  
5/9/92 - 5/17/92  
  
12/12/90 - 12/29/90  
6/27/90 - 8/27/90  
4/25/90 - 4/30/90  
  
8/31/89 - 9/9/89  
8/25/89 - 8/30/89  
  
4/11/88 - 4/19/88  
  
11/6/87 - 11/16/87  
6/12/87 - 6/23/87  
  
8/12/86 - 9/9/86  
7/10/86 - 7/20/86  
6/8/86 - 7/10/86  
5/24/86 - 6/8/86  
  
11/18/85 - 11/30/85  
11/16/85 - 11/18/85  
11/8/85 - 11/16/85  
10/10/85 - 10/21/85  
1/27/85 - 2/2/85  
  
6/16/84 - 7/13/84  
6/2/84 - 6/15/84  
  
11/25/83 - 11/30/83  
11/2/83 - 11/25/83  
6/26/83 - 7/12/83  
  
8/14/82 - 8/26/82  
8/8/82 - 8/14/82  
8/3/82 - 8/8/82  
7/17/82 - 8/3/82  
5/19/82 - 5/26/82  
5/15/82 - 5/19/82  
  
10/30/81 - 11/7/81  
8/21/81 - 9/9/81  
6/25/81 - 7/1/81  
6/12/81 - 6/25/81  
5/22/81 - 6/2/81



# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

## Part 2

OFFICIAL  
USE  
ONLY

### 19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge
------------	-------------------

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

### 20 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.  
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Registration Number	Legal Exemption Explanation
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### 21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

### 22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job      3 - Left a job by mutual agreement following allegations of misconduct  
2 - Quit a job after being told      4 - Left a job by mutual agreement following allegations of unsatisfactory performance      5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city, country if outside U.S.)	State	ZIP Code

### 23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

b Have you ever been charged with or convicted of a firearms or explosives offense?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

c Are there currently any charges pending against you for any criminal offense?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include city and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

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**24. YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY**

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

**a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

**b** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

**c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

**25. YOUR USE OF ALCOHOL**

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

**26. YOUR INVESTIGATIONS RECORD**

**a** Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Codes for Investigating Agency

1 - Defense Department      4 - FBI  
2 - State Department      5 - Treasury Department  
3 - Office of Personnel Management      6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required      3 - Top Secret      6 - L  
1 - Confidential      4 - Sensitive Compartmented Information      7 - Other  
2 - Secret      5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

**b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

**27. YOUR FINANCIAL RECORD**

**a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

**b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

**c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

**d** In the last 7 years, have you had any judgments against you that have not been paid?

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page



577-34-3071

**28. YOUR FINANCIAL DELINQUENCIES****a** In the last 7 years, have you been over 180 days delinquent on any debt(s)?

Yes

No

**b** Are you currently over 90 days delinquent on any debt(s)?

X

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligee	State	ZIP Code

**29. PUBLIC RECORD CIVIL COURT ACTIONS**

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

Yes

X

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

**30. YOUR ASSOCIATION RECORD****a** Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

Yes

X

**b** Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

X

If you answered "Yes" to a or b, explain in the space below.

**Continuation Space**

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

See attached sheets

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)

Vera C. Rubin

Date

5/6/96

Enter your Social Security Number before going to the next page

→

577-34-3071

BUREAU DEADLINE: 05/16

DATE: 05/14/96

BY COURIER  
RETURN TO ROOM 4371

EXT.

TO: DIRECTOR, CENTRAL INTELLIGENCE AGENCY  
1 ATTENTION: DEPUTY DIRECTOR FOR OPERATIONS  
1 ATTENTION: DIRECTOR OF SECURITY

FROM: DIRECTOR, FEDERAL BUREAU OF INVESTIGATION

SUBJECT: VERA COOPER RUBIN  
AKA: *PAS*  
NEE: VERA FLORENCE COOPER

NAME CHECK REQUEST

IT IS REQUESTED THIS BUREAU BE FURNISHED ALL INFORMATION AVAILABLE IN THE FILES OF YOUR DIVISION, CONCERNING CAPTIONED SUBJECT. POSITIVE INFORMATION SHOULD BE ATTACHED TO A COPY OF THIS FORM CLASSIFIED WHERE APPROPRIATE AND RETURNED TO THIS BUREAU. IF THE REQUESTED CHECK IS NEGATIVE, A STAMPED NOTATION TO THIS EFFECT AND RETURN OF A COPY OF THIS FORM IS REQUESTED.

DATE/PLACE OF BIRTH	SSN	SEX	MARITAL STATUS	SPOUSE NAME
PHILADELPHIA, PA 07/23/28	577-34-3071	F	MARRIED	ROBERT RUBIN
RESIDENCE ADDRESS	OCCUPATION			
3308 MCKINLEY ST WASHINGTON, DC 20015	STAFF MEMBER			
CURRENT EMPLOYER	FORMER EMPLOYMENTS			
CARNEGIE INSTITUTION OF WASHIN 5241 BROAD RD WASHINGTON, DC 20015	NOT AVAILABLE			
ADDITIONAL REMARKS:				
COUNTRIES VISITED: UNITED KINGDOM NETHERLANDS SWITZERLAND FRANCE				

1 - DEPUTY DIRECTOR FOR OPERATIONS  
1 - DIRECTOR OF SECURITY  
SIU: VERA COOPER RUBIN

b6  
b7c

*YF*  
b3

6/17/96  
JUN 14 1996

BY COURIER

Honorable John M. Quinn  
Counsel to the President  
The White House  
Washington, D.C.

b6  
b7C

Dear Mr. Quinn:

Based on a request received from your office dated May 13, 1996, a Level II background investigation was initiated concerning Mrs. Vera Cooper Rubin. Enclosed is a summary memorandum containing the partial results of this investigation.

Your office will be advised when outstanding investigation has been completed. Please direct any questions regarding this investigation to Supervisory Personnel Security Specialist [redacted] at telephone number (202) 324-3865.

Sincerely yours,

[redacted]

Chief  
Special Inquiry and General  
Background Investigations Unit

Enclosure

GLC (2)

PARTIAL

1613-HA-116593-11

NOTE: This case was opened on 5/14/96. Mrs. Rubin is currently employed by the Carnegie Institution, Washington, D.C., as a staff member (astronomer). She is being investigated for a Presidential appointment, which requires Senate confirmation. Investigation is favorable and complete, except for verification of her Ph.D. (records in storage) and review of one file re [redacted]

RETURN TO [redacted] ROOM 4371

JUN 14 1996

VERA COOPER RUBIN

This summary memorandum contains the partial results of a Level II background investigation concerning Mrs. Rubin, which addressed the past fifteen years of her life. Inquiries were conducted in the United States as to Mrs. Rubin's character, loyalty, and general standing, but no inquiries were made as to the sources of her income.

Additional investigation is being conducted.

Birth

Mrs. Rubin was born on July 23, 1928, in Philadelphia, Pennsylvania, as Vera Florence Cooper.

Education

Mrs. Rubin indicated that she received a Ph.D. from Georgetown University, Washington, D.C., in June, 1954. This information has not been verified.

Military Service

Mrs. Rubin indicated no prior military service.

Employment

Since June, 1981, Mrs. Rubin has continued to be employed with the Carnegie Institution, Washington, D.C., as a staff member/astronomer.

In addition to the above employment, Mrs. Rubin is a member of the Board of Trustees for Associated Universities, Incorporated, Washington, D.C. She also serves as member of the following committees/entities: First Light, Carnegie Institution, Washington, D.C.; the President's Commission for the National Medal of Sciences, Washington, D.C.; and the National Academy of Sciences, Washington, D.C.

GLC (3)

RETURN TO [REDACTED] ROOM 4371

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Vera Cooper Rubin

Mrs. Rubin indicated on her Standard Form 86 (SF-86) that she also holds limited partnerships in Shelter Properties IV; Carlyle Real Estate XIII; Roble Vista Associates; Congressional Towers II; and the National Housing Trust. During her routine interview with the FBI on May 23, 1996, Mrs. Rubin advised that these are investment partnerships invested through a broker and that she and her husband own considerably less than one percent of each company. No additional investigation was conducted concerning Mrs. Rubin's investment interest in the above entities.

### Family Status

Mrs. Rubin is married to Robert Joshua Rubin, whom she has indicated is a United States citizen. They reside at 3308 McKinley Street, Northwest, Washington, D.C. They also maintain a vacation home at 2413 Yampa, Jackson Hole Racquet Club Resort, Jackson, Wyoming.

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Mrs. Rubin's parents, Rose and Philip Cooper, are deceased. In addition to her husband, Mrs. Rubin has listed the following living close relatives:<sup>1</sup>

Washington, D.C.

Palo Alto, California

Daughter

Judith Sharon Young  
Amherst, Massachusetts

<sup>1</sup>Mrs. Rubin did not list any children on her Standard Form 86 dated May 1, 1996. She provided the above information concerning them when she was recontacted by the FBI on June 9, 1996.

Vera Cooper Rubin

[redacted]

[redacted]

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Interviews

Twenty-one persons, consisting of Mrs. Rubin's current and former superiors, colleagues, and professional associates, neighbors, and references, were interviewed. They provided favorable comments concerning Mrs. Rubin's character, associates, reputation, and loyalty.

All persons interviewed during the course of this background investigation stated they are unaware of any illegal drug use or alcohol abuse by Mrs. Rubin, nor have they ever known her to exhibit any type of bias or prejudice against any class of citizen or any type of religious, racial or ethnic group. They also commented that they believe Mrs. Rubin lives within her financial means. All persons interviewed recommended her for a position of trust and responsibility.

Among those interviewed are the following:

[redacted] Washington, D.C.;

[redacted] Staff Member, Carnegie Institution, Washington, D.C.;

[redacted] Staff Member, Carnegie Institution, Washington, D.C.;

Robert Hughes, President, Associated Universities, Incorporated, Washington, D.C.;

Ines Cifuentees, Director, First Light, Carnegie Institution, Washington, D.C.;

[redacted]  
[redacted] Washington, D.C.; and

Vera Cooper Rubin

[redacted]  
[redacted] Washington, D.C.

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Financial Responsibility

A search of computerized credit records, conducted at FBI Headquarters in May, 1996, disclosed no pertinent information concerning Mrs. Rubin.

Law Enforcement Agency Checks

Information has been received from appropriate law enforcement agencies indicating their files contain no pertinent information concerning Mrs. Rubin.

Miscellaneous

A search of NEXIS, a computerized news retrieval service, disclosed no pertinent information concerning Mrs. Rubin.

Agency Checks

During the course of this background investigation, the records of the following entities were checked and found to contain either no record or no pertinent information concerning Mrs. Rubin, unless otherwise noted in this summary memorandum:

[redacted]  
Office of Personnel Management;  
Public Integrity Section and appropriate  
United States Attorneys,  
Department of Justice;  
United States Secret Service;  
and the White House Office.

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Searches of the various indices of the FBI, including but not limited to the central index maintained at FBI Headquarters, the index of the Criminal Justice Information Services Division, the indices of appropriate field offices and

Vera Cooper Rubin

other appropriate computer data bases, did not identify any documents that contain pertinent information identifiable with Mrs. Rubin or her close relatives.<sup>2</sup>

It should be noted that results of the above indices searches reveal only data entered into those indices as of the date each was searched. However, it should also be noted that some delays may occur as to the entry of such data.

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<sup>2</sup>One file, which may or may not pertain to [redacted]  
[redacted] is currently being located for review.

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